

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/550847

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		2				
5		0				
6		0				
7		0				
8		0				
9		0				
10		0				
11		0				
12		0				
13		0				
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22		0				
23		0				
24		0				
25		0				
26		0				
27		0				
28		0				
29						
30						
31				1		
32				1		
33				3		
34				3		
35				0		
36				0		
37				0		
38				0		
39				0		
40				0		
41				0		
42				0		
43				0		
44				0		
45				0		
46				0		
47				0		
48				0		
49				0		
50				0		
TOTAL IND.	1					
TOTAL DEP.	29					
TOTAL CLAIMS	30					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				0		
52				0		
53				0		
54				0		
55				0		
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98						
99						
100						
TOTAL IND.			1			
TOTAL DEP.			30			
TOTAL CLAIMS			31			

Handwritten signature/initials